ISSUE SUP STAPLE AREA (for additional cross references) **POSITION** INITIALS/ ID NO. DATE **FEE DETERMINATION** 70385 O.I.P.E. CLASSIFIER **FORMALITY REVIEW** -29-9° 1-21-00 INDEX OF CLAIMS Rejected Non-elected Allowed (Through numeral) Canceled Restricted 0 ... Objected Claim Date Claim Ctaim Date Date Final Original 14 Y T 16 Y T T 17 () T 19 145 : 20 146 : 20 157 : 20 36112 114 115 118 119 120 121 123 124 125 126 127 128 129 130 131 132 134 135 136 3 88 139 y 90 ₹ 81 141 6 92 7 83 142 9 94 1 95 10 96 144 145 146 147 148 íı e7 () 88 15 99 14100 If more than 150 claims or 10 actions staple additional sheet here

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